## PART B - FEE(S) TRANSMITTAL

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			<u> </u>				(Signature)
			L	<del></del>			(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	OR	ATTORN	NEY DOCKET NO.	CONFIRMATION NO.
10/791,834	03/04/2004		Peer Gil Schmitt			3921.00148	3853
TITLE OF INVENTION	: TERNARY BIT LINE	SIGNALING	ŋ-		-		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0		\$1700	12/19/2006
EXAM	IINER	ART UNIT	CLASS-SUBCLASS				
LE, THONG QUOC		2827	365-154000				
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.</li> <li>ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED O</li> </ol>			or agents OR, alterna (2) the name of a sin registered attorney o 2 registered patent at listed, no name will be	up to 3 registered patent attorneys ernatively, single firm (having as a member a y or agent) and the names of up to it attorneys or agents. If no name is ill be printed.    Banner & vvitcon, Ltd.			
(A) NAME OF ASSIG			data will appear on the T a substitute for filing a (B) RESIDENCE: (CIT Wilsonville,	ΓY and STATE OR C			cument has been filed for
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	are submitted: No small entity discount p	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0733 (enclose an extra copy of this form).					
a. Applicant claim	tus (from status indicated	is. See 37 CFR 1.27.	☐ b. Applicant is no lo	onger claiming SMAI	LL ENTIT	ΓY status. See 37 CF	R 1.27(g)(2).
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Authorized Signature	/Jordan N	J. Boďner/		DateNo	zembe	er 20, 200	6
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